

Control Number: 49779



Item Number: 809

Addendum StartPage: 0





2019 AUG 30 AM 9: 44

ELECTRICITY BROKER REGISTRATION: FORM OMMISSION FILING CLERK

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:						
This is a new broker registration						
☐ This supplies information for a pending broker registration						
☐ This amends an existing, completed broker registration						
Provide an explanat	tion of the amend	dment:				
2. Authorized Represe	entative or Atto	rney to contact ab	out this	s application:		
Name Ryan D. Samuel				Title Owner		
Business Address 1600	Mapleleaf Drive	•				
City _{Wylie}	State _{TX}		Zip ₇₅	5098		
Telephone Number (214) 223-6942						
Email Address						
3. Registering Entity : List the registering entity's legal name, business address, and telephone number.						
Name Ryan D. Samuel						
Business address 1600 Mapleleaf Drive						
CitywYLIE	State _{TX}	***************************************	Zip ₇₅	5098		
Telephone Number (214) 223-6942						
4. Type of organizatio	n of registering	entity:				
☑ Sole proprietor☐ Corporation☐ Limited Liability Co☐ Limited Partnership	ompany, L.L.C	□ Other				

5. Description of the br	okerage services provided by t	the registering entity and type of customers serve	d.			
Description of Services: Electricity and Natural Gas Brokerage Services in Texas, Illinois, New York, Georgia, Florida						
Types of Customers: (Check all that apply		d •			
☑ Residential	✓ Industrial	☐ Other				
☑ Commercial	☐ Municipalities					
,		*	ų.			
listed in #3 above, unde		ong-business-as (d/b/a) names, other than the lega intends to operate. Any name in which a corpora irv of State.				
1 st		2 nd				
3 rd	4 th	5 th				
the registering entity's	officers, directors, and partner	pusiness addresses, email addresses, and phone nes, as applicable.	umbers of			
☐ Attachment A	N/A					
department. If the regi	stering entity does not have a c	imber and email address of the customer service dedicated customer service department, then provinber of the customer service contact person.	ride the			
Customer Service Department	Telephone Number (214) 223-6942	Email Address support@ryansamuel.com				
Name Ryan D. Samuel		TitleOwner				
Business address 1600	Mapleleaf Drive		*			
CityWylie	State _{TX}	Zip ₇₅₀₉₈				
Telephone Number 21	42236942					
Email Address ryan@	ì					
9. Regulatory contact for a regulatory contact		ical business address, telephone number, and em-	ail address			
Name Ryan D. Samuel		Title Owner	٨			
Business address 1600	Mapleleaf Drive					
City Wylie	State _{TX}	Zip ₇₅₀₉₈				
Telephone Number (214) 223-6942						
Email Address _{ryan@}	ryansamuel.com [.]					

10. Secretary of State Record. Entities who must register with the certificate of status issued by the Texas Secretary of State certifystransact business in Texas.	•	
☐ Copy of Secretary of State certificate of status is attached.	x/A	· ·

AFFIDAVIT

My name is RVAN SAMUE	Lam the	Provider	of the Registering Entity.
10 14/11 On 14/0		- 1.00	_ 01 4110 1108101011118 =111117).

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

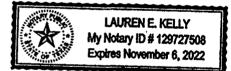
Signature of Registering Entity's Owner, Partner, or Officer

Printed Name

Name of Registering Entity

Sworn and subscribed before me this

Year



Notary Public in and For the State of My commission expires on November

day of August